

OFFICE OF THE MEDICAL DIRECTOR

Resource Summary

(\$ in thousands)

Appropriations	FY 2012 Actual	FY 2013 CR ⁽¹⁾	FY 2014 Request	Increase/Decrease From FY2012
Positions - Enduring	147	147	147	0
Enduring Funds	41,728	37,486	41,802	74

(1) The FY 2013 CR is based on the annualized continuing resolution calculation for FY 2013 (P.L. 112-175).

Program Description

The mission of the Office of Medical Services (MED) is to safeguard and promote the health and wellbeing of America's diplomatic community. There are over 180 health units, and about 100 of those are staffed by 140 Foreign Service nurse practitioners, physician assistants, physicians (including psychiatrists) and medical technologists. Most Foreign Service (FS) medical providers are deployed in hardship posts. MED's patient population and workload have increased tremendously in recent years. The overseas patient population has increased from about 25,000 to 50,000 since 2002, and patient visits have doubled from 115,000 to over 245,000 per year. The number of medical clearances issued increased 600 percent from about 4,000 in 2002 to almost 25,000 in FY 2012. The increased number of one-year assignments in high-threat locations like the Front Line States contributed to this dramatic increase in MED's workload.

Today, U.S. diplomats regularly operate in high threat environments. Support in a high-threat environment requires medical providers trained and equipped to operate in the face of extreme risk, improved medical intelligence, fastidious medical planning, carefully selected equipment, and better integration of medical support and security services. To meet this need, MED established the Office of Operational Medicine to plan, resource, and execute support in non-permissive environments. The office works through interagency and international partners to develop a whole-of-government medical support plan for the resumption of diplomatic functions in Syria. The office is working through U.S. Embassy Kabul, the Department of Defense (DOD), and the Government of Afghanistan to develop a whole-of-government medical support plan following the 2014 DOD drawdown. The office manages medical countermeasures for infectious disease and weapons of mass destruction and Reserve Medical Unit Kits for posts assessed to be at significant risk for terrorism. The office will recruit, hire, train, and retain both Foreign Service and Civil Service medical personnel to support security operations worldwide. Such personnel will consist of Medical Specialist protective personnel, who will be permanently assigned to critical threat posts, where they will be integrated into DS operations. Emergency Management Specialist personnel will be based in Washington and attached to DS teams to support contingency operations worldwide.

The Mental Health Services (MHS) section directs mental health care for employees and eligible family members directed by the Regional Medical Officer/Psychiatry and other providers. The Deployment Stress Management Program (DSMP) works to prevent, diagnose and treat mental health conditions related to deployment at high stress, high threat, and unaccompanied posts. The program offers voluntary post-traumatic stress disorder (PTSD) screening to all who have served in danger pay posts and provides therapy for most cases. More serious cases that require continued care are referred for outside treatment under the Workmen's Compensation Program.

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The Employee Consultation Services (ECS) program provides confidential employee assistance and counseling and is the main resource office for families whose children require special education services while serving abroad, as well as managing all family advocacy cases. ECS is expanding services with new night shift hours in Washington to better serve overseas posts in different time zones and by adding new staff with specialized training and qualifications in children's services. In 2012, MHS and ECS together managed 160 medevacs.

For FY 2014 MED's strategic goals are:

- An Electronic Health Records system that is accessible worldwide to improve quality of care;
- A strong domestic and overseas medical emergency response program, including worldwide respiratory infectious disease surveillance;
- A strong Health and Wellness Promotion Program that enhances the health of the Department's employees and their family members;
- Expansion of the Deployment Stress Management Program and the Employee Consultative Services Program; and
- A telemedicine/telepsychiatry program that provides primary care to hardship posts with inadequate local medical care.

Performance

The expansion reflects the growing need to provide confidential employee assistance counseling to employees and their families in overseas locations in different times zones. In order to accomplish this, MED has established two new services: Expanded Employee Assistance Program (EAP) and a Child and Family Services (CFS). The EAP program will include evening services hours (for Counseling, Family Advocacy, etc.) as a pilot program to meet the expanding needs of employees and their family members who are assigned to overseas posts. The CFS program will provide support to families with special education needs ranging from mild to severe academic difficulty. In addition, the expanded Child and Family Services program will provide comprehensive service to children with learning difficulties.

Strategic Goal 7: Build a 21st century workforce; and achieve U.S. government operational and consular efficiency and effectiveness, transparency and accountability; and a secure U.S. government presence internationally					
Strategic Priority		Human Resources			
Active Performance Indicator		NEW APP INDICATOR: Expand children and family services by increasing the number of staff and hours in the Employee Consultation Services (ECS) over the next five to seven years to respond to MED’s growing patient population.			
PRIOR YEAR RATINGS TREND					
FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
N/A	N/A	N/A	N/A	N/A	◀▶ On Target
TARGETS AND RESULTS					

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FY 2014 Target	- Employee assistance counseling is available to 50 percent of FS and CS staff during the expanded hours - Increase counseling via telephone and telemedicine communication to 50 percent of the patient population - Assure availability of Child and Family Service by offering telephonic and telemedicine counseling to 20 percent of the FS and CS patient population
FY 2013 Target	- To assure that the expanded EAP program has been established and fully functioning offering telephonic and telemedicine counseling to 25 percent of the FS and CS patient population - To assure that the Child and Family Service has been established by verifying a complete transition has occurred in assistance efforts for families with special education needs children has occurred between ECS and CFS
FY 2012 Target	- Program policy is developed in the form of detailed workplan - Program is initiated via issuance of an ALDAC - Staffing, format and hours are identified in a detailed workplan - Telemedicine system is successfully set up at MED and some posts to provide medical advice to overseas personnel
FY 2012 Rating and Result	Rating: On Target - Program policy has been developed in the form of detailed workplan - Completed - Program was initiated via issuance of an ALDAC -- Issued Oct, 2012 - Staffing, format and hours have been identified in a detailed workplan - Completed - ECS staff will be testing system with selected Posts in their regions who have video teleconference capability.
Impact	N/A; FY 2012 is baseline year
FY 2011 Rating and Result	Rating: N/A
FY 2010 Rating and Result	Rating: N/A
FY 2009 Rating and Result	Rating: N/A
FY 2008 Rating and Result	Rating: N/A
FY 2007 Rating and Result	Rating: N/A
VERIFICATION AND VALIDATION	
Methodology	MED will use its tracking of how many patients it treats to track delivery of services for the EAP and CFS initiatives. Additionally, the detailed workplan MED generated for the EAP and CFS initiatives will be used to track progress on these initiatives.
Data Source and Quality	MED regularly tracks how many patients it treats and will do so on a quarterly basis for the EAP and CFS initiatives. Additionally, the detailed workplan MED generated for the EAP and CFS initiatives will be used to track progress on these initiatives. Note that MED estimates a five to seven year period for full implementation and delivery of services for the EAP and CFS initiatives. Accordingly, some data used to measure progress may be delayed.

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Justification of Request

The Department's FY 2014 Request of \$41.8 million for MED is an increase of \$74,000 over the FY 2012 Actual level. The request includes \$234,000 to maintain current services, a -\$4.2 million operational adjustment in FY 2013, and a medical program increase of \$4.1 million outlined below.

Medical Program: \$4,082,000

The Department's request for MED includes \$4.1 million for critical program requirements for FY 2014. In recent years, the mission of the Office of Diplomatic Security (DS) has expanded to include required medical guidance and support. The medical support functions are not centrally coordinated and require better medical oversight. MED will focus on providing medical oversight, supervision and assist DS in developing better medical programs to meet their needs through the Office of Operational Medicine within MED. This office will plan, resource and where necessary, execute required support for personnel serving under Chief of Mission authority performing their diplomatic functions in non-permissive environments. The Office of Operational Medicine will work through interagency and international partners to develop a whole-of-government medical support plan for the re-establishment of diplomatic functions in Syria. The office will procure, assemble, and deploy Expeditionary Medical Unit Kits tailored to the specific needs of posts to build trauma and critical care capability at a critical threat posts, and develop and maintain a non-traditional logistics capability to address unexpected and time-sensitive medical materials requirements for posts in crisis.

Resource Summary

	Positions					Funds (\$ in thousands)		
	American			FSN	Pos	Bureau	American	Funds
	CS	FS Dom	Overseas			Managed	Salaries	Total
FY 2012 Actual	110	33	4	0	147	24,295	17,433	41,728
FY 2013 Estimate	110	33	4	0	147	20,053	17,433	37,486
FY 2014 Built-in Changes								
Absorption of Domestic Inflation	0	0	0	0	0	(295)	0	(295)
American COLA	0	0	0	0	0	66	168	234
Domestic Inflation	0	0	0	0	0	295	0	295
Total Built-in Changes	0	0	0	0	0	66	168	234
FY 2014 Current Services	110	33	4	0	147	20,119	17,601	37,720
FY 2014 Program Changes								
Medical Program	0	0	0	0	0	4,082	0	4,082
Total Program Changes	0	0	0	0	0	4,082	0	4,082
FY 2014 Request	110	33	4	0	147	24,201	17,601	41,802

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Staff and Funds by Domestic Organization Units

(\$ in thousands)

Office of the Medical Director (MED)	FY 2012 Actual			FY 2013 CR			FY 2014 Request			Increase/Decrease From FY2012		
	Am	FSN	Funds	Am	FSN	Funds	Am	FSN	Funds	Am	FSN	Funds
ICASS	0	0	5,843	0	0	4,830	0	0	5,829	0	0	(14)
Medical Director	39	0	5,730	39	0	5,165	42	0	5,741	3	0	11
Office of Clinical Services	44	0	14,604	44	0	13,121	41	0	14,635	(3)	0	31
Office of Foreign Service Health Practitioners Program	17	0	2,332	17	0	2,048	17	0	2,333	0	0	1
Office of Mental Health Services	43	0	8,165	43	0	7,724	43	0	8,210	0	0	45
Total	143	0	36,674	143	0	32,888	143	0	36,748	0	0	74

Staff and Funds by Post

(\$ in thousands)

Office of the Medical Director (MED)	FY 2012 Actual			FY 2013 CR			FY 2014 Request			Increase/Decrease From FY2012		
	Am	FSN	Funds	Am	FSN	Funds	Am	FSN	Funds	Am	FSN	Funds
Angola, Luanda	0	0	266	0	0	242	0	0	266	0	0	0
Australia, Canberra	0	0	266	0	0	242	0	0	266	0	0	0
Bahrain, Manama	0	0	266	0	0	242	0	0	266	0	0	0
Belarus, Minsk	0	0	266	0	0	242	0	0	266	0	0	0
Burkina Faso, Ouagadougou	0	0	266	0	0	242	0	0	266	0	0	0
Burma, Rangoon	0	0	266	0	0	242	0	0	266	0	0	0
Burundi, Bujumbura	0	0	266	0	0	242	0	0	266	0	0	0
Colombia, Bogota	0	0	266	0	0	242	0	0	266	0	0	0
Djibouti (Rep. Of), Djibouti	0	0	266	0	0	242	0	0	266	0	0	0
Gabon, Libreville	0	0	266	0	0	242	0	0	266	0	0	0
Haiti, Port-au-Prince	0	0	266	0	0	242	0	0	266	0	0	0
India, Chennai (CG)	0	0	266	0	0	242	0	0	266	0	0	0
Mauritania, Nouakchott	0	0	266	0	0	242	0	0	266	0	0	0
Nigeria, Lagos	1	0	266	1	0	242	1	0	266	0	0	0
Panama, Panama City	0	0	266	0	0	242	0	0	266	0	0	0
Poland, Warsaw	1	0	266	1	0	242	1	0	266	0	0	0
South Korea, Seoul	1	0	266	1	0	242	1	0	266	0	0	0
Sudan, Khartoum	1	0	266	0	0	242	0	0	266	(1)	0	0
Togo, Lome	0	0	266	0	0	242	0	0	266	0	0	0
Total	4	0	5,054	3	0	4,598	3	0	5,054	(1)	0	0

Funds by Object Class

(\$ in thousands)

Office of the Medical Director (MED)	FY 2012 Actual	FY 2013 CR	FY 2014 Request	Increase/Decrease From FY2012
1100 Personnel Compensation	18,267	17,639	18,395	128
1200 Personnel Benefits	3,107	3,047	3,132	25

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Office of the Medical Director (MED)	FY 2012 Actual	FY 2013 CR	FY 2014 Request	Increase/Decrease From FY2012
2100 Travel & Trans of Persons	8,643	7,134	8,609	(34)
2200 Transportation of Things	86	71	86	0
2300 Rents, Comm & Utilities	58	48	58	0
2400 Printing & Reproduction	56	46	56	0
2500 Other Services	8,598	7,097	8,565	(33)
2600 Supplies and Materials	1,909	1,575	1,901	(8)
3100 Personal Property	1,004	829	1,000	(4)
Total	41,728	37,486	41,802	74

Physicians' Comparability Allowance (PCA) Worksheet				
		PY 2012 (Actual)	CY 2013 (Estimates)	BY 2014* (Estimates)
1) Number of Physicians Receiving PCAs		94	94	94
2) Number of Physicians with One-Year PCA Agreements		61	61	61
3) Number of Physicians with Multi-Year PCA Agreements		33	33	33
4) Average Annual PCA Physician Pay (without PCA payment)		156,000	156,000	156,000
5) Average Annual PCA Payment		26,000	26,000	26,000
6) Number of Physicians Receiving PCAs by Category (non-add)	Category I Clinical Position	79	79	79
	Category II Research Position	0	0	0
	Category III Occupational Health	0	0	0
	Category IV-A Disability Evaluation	0	0	0
	Category IV-B Health and Medical Admin.	15	15	15
*FY 2013 data will be approved during the FY 2014 Budget cycle.				
7) If applicable, list and explain the necessity of any additional physician categories designated by your agency (for categories other than I through IV-B). Provide the number of PCA agreements per additional category for the PY, CY and BY.				
N/A				
8) Provide the maximum annual PCA amount paid to each category of physician in your agency and explain the reasoning for these amounts by category.				
The Department has been paying a PCA to its MED physicians for many years. Since FY-2000, the Department has set the payment of PCA at the rate of \$30,000 for physicians with more than 60 months of service as Governments physicians; \$22,000 for physicians with more than 24 months but less than 60 months of service as Government physicians; and \$14,000 for physicians with twenty-four months or less of services as a Government physician. We believe these payments are necessary in all categories to recruit and retain qualified physicians to fulfill the Department's mission.				
9) Explain the recruitment and retention problem(s) for each category of physician in your agency (this should demonstrate that a current need continues to persist).				
<i>(Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)</i>				

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The gap between what the Department's physicians are paid and what is paid to physicians in the private sector has steadily increased. While earnings in the private sector have risen sharply, they have not risen proportionately in the public sector. Government service, especially service overseas entailing disruptive moves, threats to personal security, separation from family, and possible reduction of household income, remains an unattractive career for most experienced qualified physicians. With PCA, the Department of State will be better positioned to recruit qualified and experienced physicians to serve both here and abroad in all categories of our Department physicians. Unfilled positions continue to be a challenge as our physicians must have advanced training and years of medical practice. There is a greater likelihood that we will attract physicians with the requisite experience and qualifications with the PCA.

10) Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

(Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)

Providing PCA to our Physicians give them a reasonable compensation comparable to the private sector. Our physicians serve in demanding management positions in Washington, and manage large regions and health units abroad with multiple health-care providers and multiple health concerns. If we do not provide an incentive bonus to continue to make these positions attractive; the number of physicians that will resign and retire before age 65 will increase. The PCA has provided an incentive to our Physicians to remain with the Department. Our average unfilled FTE remains at 2 and separations per year around 7.

11) Provide any additional information that may be useful in planning PCA staffing levels and amounts in your agency.

None

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